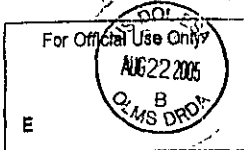


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6262</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name: <u>JOHN</u> <u>McCURDY</u> P.O. Box, Bldg., Room No., if any Street: <u>330 EXCHANGE PL #7</u> City: <u>NEW ORLEANS</u> State: <u>LA</u> ZIP Code + 4: <u>70130</u>	4. Name, file number, and address of labor organization. Name: <u>DISTRICT NO-1 MERGED AFSCIO</u> Labor Organization File Number: <u>066-581</u> P.O. Box, Building and Room Number, if any Street: <u>444 N. CAPITOL ST NW</u> City: <u>WASHINGTON DC</u> State: ZIP Code + 4: <u>20001</u>
5. Position in labor organization. <u>GULF COAST VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-2-05</u> Date	<u>504 250 9705</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name REID PEDERSON McLOTHY & BOLLEN LLP
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any # 550
 Street 101 ELLIOTT AVE W
 City SEATTLE WA
 State WA ZIP Code + 4 98119

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SAME AS ABOVE
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

11.a. Nature of such dealing.

LUNCH

11.b. Approximate dollar value of such dealing.

26.55

12.a. Nature of interest held or income received.

SEE 11(A) 11(B)

12.b. Amount. SEE 11(A) 11(B) 12(A)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6262</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name: <u>JOHN</u> <u>McCURDY</u> P.O. Box, Bldg., Room No., if any: Street: <u>330 Exchange Pl #7</u> City: <u>NEW ORLEANS</u> State: <u>LA</u> ZIP Code + 4: <u>70130</u>	4. Name, file number, and address of labor organization. Name: <u>DISTRICT NO-1 MEMBERED AFSCIO</u> Labor Organization File Number: <u>085-5B1</u> P.O. Box, Building and Room Number, if any: Street: <u>444 N. CAPITOL ST NW</u> City: <u>WASHINGTON DC</u> State: <u>DC</u> ZIP Code + 4: <u>20001</u>
5. Position in labor organization. <u>GULF COAST VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John McCurdy</u>	On <u>8-3-05</u> Date <u>504 250 9705</u> Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name VEDDER PRICE KAUFMAN & KAMMHOLZ PCTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 222 N. LA SALLE ST SUITE 200City CHICAGOState IL ZIP Code + 4 60601

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name VEDDER PRICE KAUFMAN & KAMMHOLZ PCTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 222 N. LA SALLE ST SUITE 200City CHICAGOState IL ZIP Code + 4 60601

11.a. Nature of such dealing.

DINNER AT GIBSON'S RESTAURANT
CHICAGO IL 6-22-04

11.b. Approximate dollar value of such dealing.

\$139.00

12.a. Nature of interest held or income received.

SEE 11(A), 11(B)

12.b. Amount.

SEE 11(A) 11(B) 12(A)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.